

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

DAVID BILLUPS  
211-903  
ROSS CORR. INST.  
P.O. BOX 7010  
CHELLICOTHE, OH 45601

## A. Signature

X *Tom Hatfield*

☒ Agent☐ Addressee

## B. Received by (Printed Name)

*Tom Hatfield*

## C. Date of Delivery

*1-2-04*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7001 2510 0008 6349 5702

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

*1:01-cv-00377-# 133*